



Medicaid Community Options

Course 11: The Appeal Process

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Department of Health and Mental Hygiene

Presented to: New Supports Planner Training
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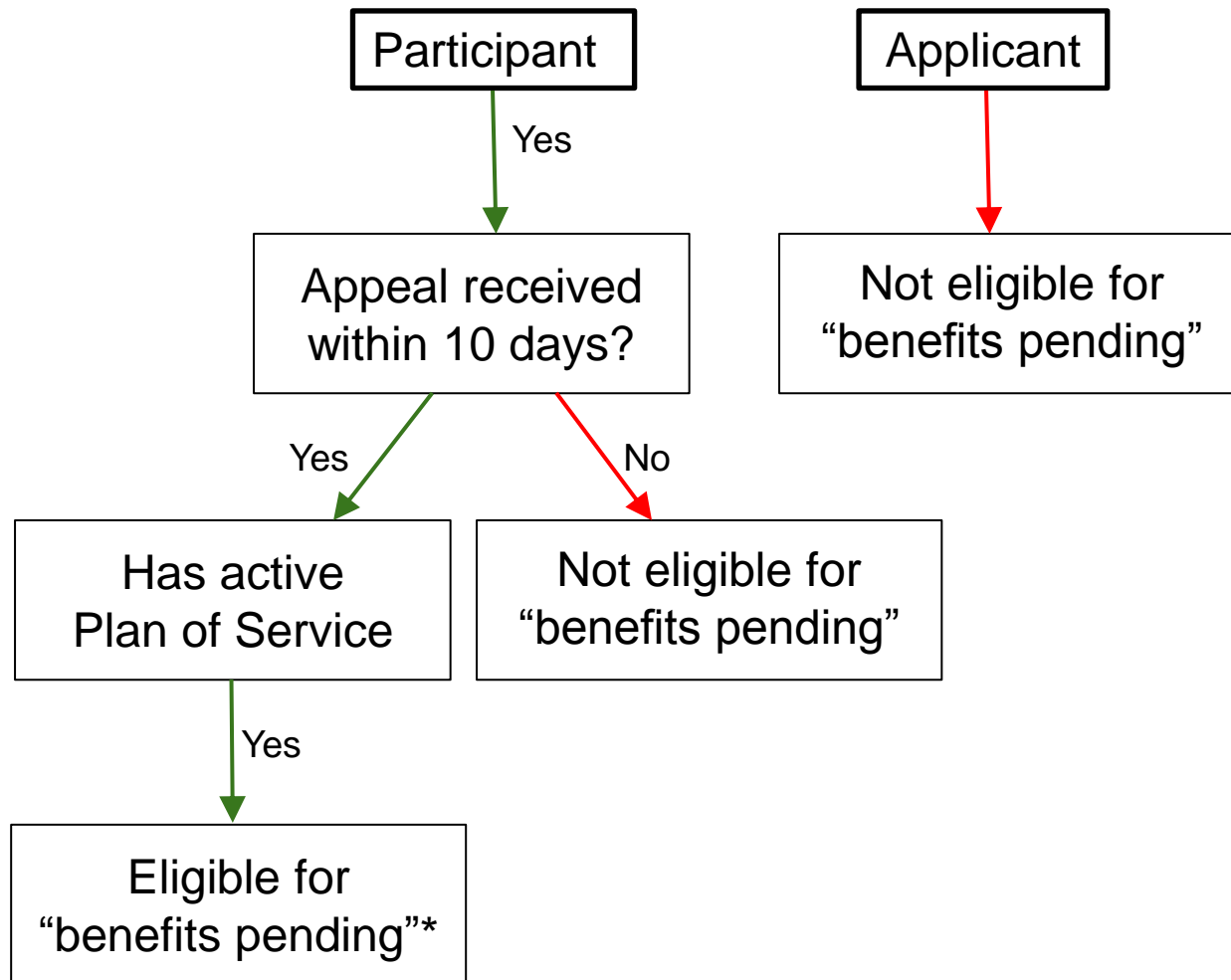


Appeal Rights

- Appeal rights are provided along with any denial or disenrollment letter
- If the participant is receiving services, the appeal letter has to be **received** within 10 days of the date on the disenrollment letter to retain those services OR by the effective date of the termination of benefits, whichever is later.
- Otherwise, the participant has 90 days to request an appeal.



Benefits Pending



* Benefits continue for 30 days following the hearing date



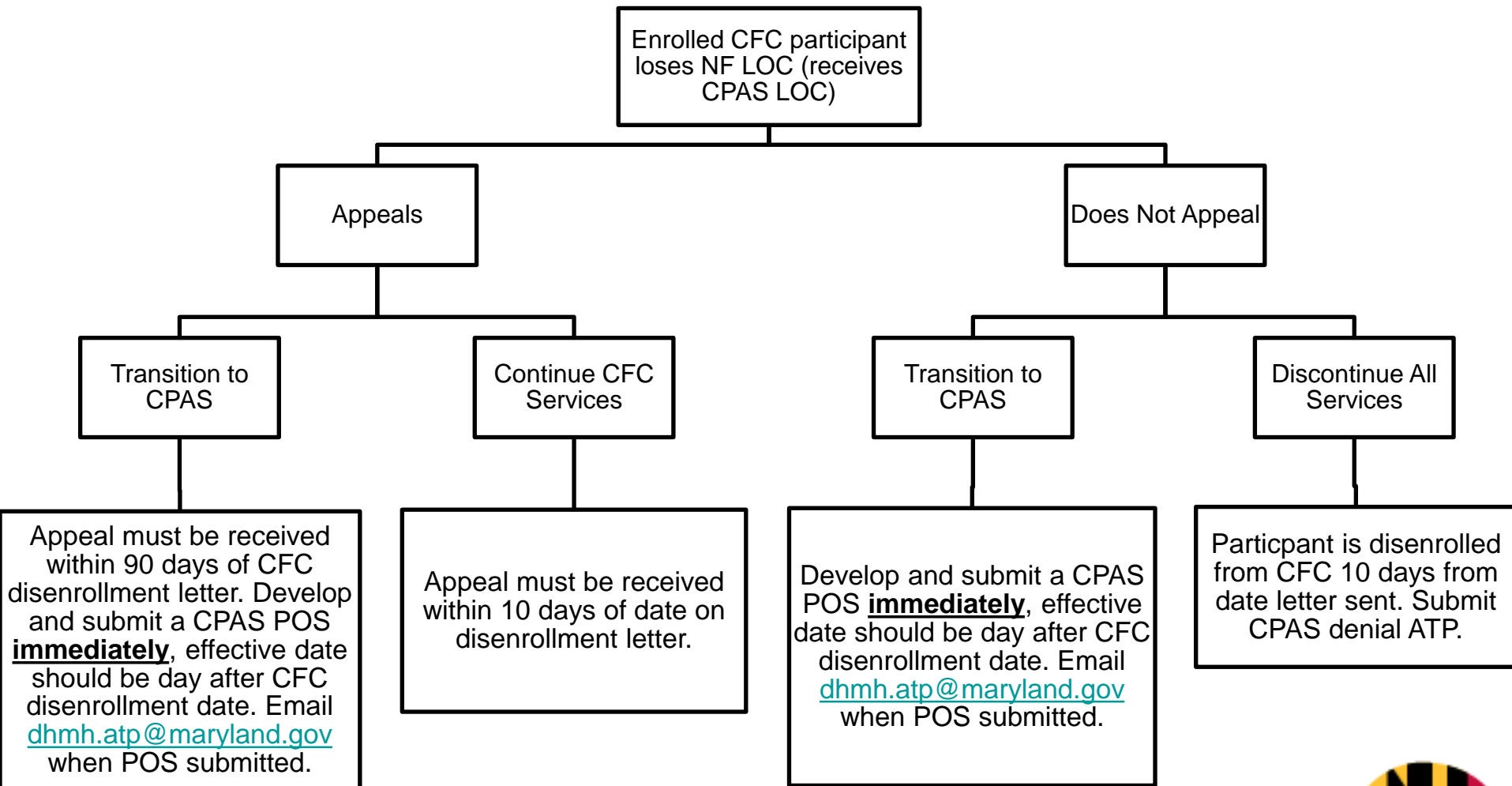
Appeal Rights

- An enrolled CFC participant who is denied NF LOC on redetermination, but approved for CPAS LOC, may:
 - Choose to appeal within 10 days and continue to receive their current CFC services pending the outcome of their appeal
 - Choose to appeal but not to continue current CFC services. The participant may choose to enroll into CPAS
 - No CFC appeal and enroll into CPAS
 - Choose to discontinue services

Supports Planners should make sure that participants thoroughly understand all options and plan appropriately as the chosen option may be time sensitive.



CFC to CPAS Transition



Submitting the Appeal

- The appeal letter can be mailed to:

Department of Health and Mental Hygiene
Office of Health Services
Attention: Appeals
201 W Preston Street, 1st Floor
Baltimore, MD 21201

- The letter can also be faxed to 410-333-5154, Attention Appeals



The Appeal Letter

- To appeal, the participant must submit a letter requesting an appeal.
 - The Supports Planner should **not** write the appeal letter for the participant.
- The letter should contain:
 - The date they wrote the letter
 - The date of the denial letter they are referring to
 - The program they would like to have
 - Why they feel the decision is incorrect
 - The participant's signature



The Appeal Letter

- All requests should be signed by the participant or their authorized representative
- If someone other than the participant sends the appeal, the authorized representative form must accompany the appeal
- The appeal letter should clearly identify which denial they are appealing, ex. CFC, CPAS, CO

AUTHORIZED REPRESENTATIVE FORM		
Section I: For Applicants/Recipients: If you want an Authorized Representative, complete questions 1-18. Submit this form via mail to: Department of Health and Mental Hygiene, Office of Health Services, Attention: Appeals, 201 West Preston Street, 1 st Floor, Baltimore, MD 21201.		
An Authorized Representative is someone who you choose to act on your behalf with the Department of Health and Mental Hygiene, like a family member or other trusted person. Some Authorized Representatives may have legal authority to act on your behalf.		
1. Name of Authorized Representative (First Name, Middle Name, Last Name)		
2. Address		3. Apartment or Suite Number
4. City	5. State	6. ZIP Code
7. Phone Number		
8. Organization Name (if applicable)		
9. Your Name		10. Your Phone Number
11. Your Address		12. Apartment or Suite Number
13. City	14. State	15. ZIP Code
By signing below, you allow the person named in question 1 to act for you on your behalf.		
17. Your Signature		18. Date
Section II: For Legal Representatives of Applicant/Recipient: If you are completing this form as the legal representative of the applicant/recipient: 1. Complete this section by placing an "X" in the appropriate box below; 2. Fill-out questions 9-15 above with the applicant's information; and 3. Submit proof (e.g. guardianship order or advance directive naming a health care agent) with this form.		
A. Responsible Adult (Parent, guardian, healthcare surrogate, attorney, or other individual as defined in COMAR 10.01.04.12.)		B. Applicant's Power of Attorney



Benefits Pending Appeal

- If a participant appeals timely and wishes to receive benefits pending the outcome of their appeal, you will see this noted in the Appeals & Dispositions section of the tracking system
 - The box next to “Does client want to continue receiving services?” in this section must be checked
- While awaiting the appeal hearing no changes may be made to the level of service received by the participant



	Appeals and Dispositions — Appeals List							
	Add Appeal							
▸ Client	Last Modified By	Last Modified	Program Type	Appeal Type	Date Appeal Arrived	Status	Actions	
▸ Case Management	White kristina	09/08/2015	MAPC	Medical	09/03/2015	Submitted	Summary	
▼ Programs	White kristina	06/11/2015	CFC	Medical	06/08/2015	Submitted	Summary	
Tasks								
BI Waiver Interest & Referral								
Applications								
Assessment & Plan of Care								
Nurse Monitoring								
Level of Care								
Provider Solicitations								
Plan of Service								
Authorization to Participate								
Financial & Overall Decision								
Letters								
Appeals & Dispositions								
BI Quarterly Review								
▸ MFP								
▸ Surveys								
▸ Global Referrals								
Showing 1 to 2 of 2 entries								
Filter all columns: <input type="text"/>								

▶ Client
▶ Case Management
▼ Programs
Tasks
BI Waiver Interest & Referral
Applications
Assessment & Plan of Care
Nurse Monitoring
Level of Care
Provider Solicitations >
Plan of Service
Authorization to Participate
Financial & Overall Decision
Letters
▼ Appeals & Dispositions
Appeal Summary >
BI Quarterly Review
▶ MFP
▶ Surveys
▶ Global Referrals

Appeals and Dispositions — Appeal Summary

[Back to List](#)

Collapse All

▼ Appeal Information

View

Details

Type of Appeal:Medical

Date Appeal Arrived:06/08/2015

Program Type:CFC

Does client want to continue receiving services?☒

Status:Submitted

▼ Dispositions

Add

Created By↕Last Modified↕Disposition Type↕Date of Disposition↕Status↕Actions

No data available in table

Scheduling a Hearing

- Once the appeal is received it is documented and added to the appeals section in LTSS.
- A request is sent to the Office of Administrative Hearings (OAH).
- OAH will then add the request to the docket and set a hearing date.
 - DHMH has no influence on how long the processing of assigning a hearing date may take. Some participants may receive a hearing date within weeks, others months.



Scheduling a Hearing

- Once a date is set, OAH will send a letter to the participant and DHMH advising of the date, time, and place of the hearing.
 - The hearing will usually take place in the county where the participant lives.
 - The hearing could take place at an OAH hearing office or the local Department of Social Services.
 - If there is a conflict then the participant should call OAH to inform them at (410) 299-4262.



Preparing for a Hearing

- If possible appellant should make every effort to be physically present on that date. Pre-hearing mediation may result in an DHMH overturning the denial.
 - OAH will provide transit if needed
 - If appellant cannot be there on that date they should contact OAH ASAP to reschedule.
 - OAH may deny rescheduling request if not received timely
 - If they missed their appeal date and had good reason (ie. hospitalization, mobility delays) they should contact OAH to request a new date.



Preparing for a Hearing

- If they cannot be present and wish to be represented they **must** have official paperwork. Without documentation the Judge will “default” the appellant.
 - Some Judges have discretion to determine what documents may be considered “official”
 - Authorized representative form must be signed by appellant; If representative is completing this form on behalf of the participant they must also submit additional legal documents.
 - Pre-hearing mediation will not be held unless the appellant is present.



Preparing for a Hearing

- Non-english speaking appellants must request an interpreter through OAH
 - Many appellants show up with a provider or a family member to translate which is prohibited by OAH.
 - Request a translator as soon as hearing is scheduled to prevent further delays.
- Appellants may represent themselves or seek legal representation.



What Will Happen at the Hearing?

- The representative from DHMH and an Assistant Attorney General will be there representing DHMH.
- There will be a judge in attendance.
- If the participant is there with a representative, the participant will need to inform the judge if they want that person to represent them and speak for them during the hearing (If there is a hearing).



What will happen at the hearing?

- The attorney for DHMH may talk to the participant and their representative prior to a hearing if they feel that there is a way to “settle” the case.
- If there is a hearing, all parties will be sworn in and everything from that point on will be recorded as part of the hearing.
- There will be no decision given on that day. The judge will send the participant and DHMH their decision within 30 – 90 days (depending on how much time has lapsed since the participant’s request for a hearing).



Hearing Outcome

- If a hearing is convened, the OAH Judge is required to render a decision within 30 days.
- If a *Settlement* is reached, for example if DHMH overturns the denial or comes to some other resolution, the appellant is informed at that time and is provided with paperwork that day.



Contact Information

- To verify if an appeal has been received by DHMH, please contact:
 - Kristina White at 410-767-1696 or kristina.white@maryland.gov
- To follow up on a hearing date, please contact:
 - Office of Administrative Hearings at (410) 299-4262

